



BPA VACANCY ANNOUNCEMENT (#002627-04-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

**POSITION AND LOCATION: LINEMAN, BB-2810,
BPA SERVICE WIDE (OREGON, WASHINGTON, MONTANA & IDAHO)**

OPENING DATE:
05/24/04

CLOSING DATE:
07/26/04

HOURLY PAY RATE:

\$30.75

INITIAL CUTOFF DATE: 06/25/04*

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY: All US Citizens

POSITION LOCATIONS: Transmission Business Line, Transmission Field Services – All Locations

***CUTOFF DATES FOR RATING OF APPLICATIONS:** The initial rating of applicants under this announcement will be 06/25/04. Applications received by the initial cutoff date will be rated/referred first. Applications received after 06/25/04 will be rated/referred in the order received or, depending on hiring needs, may be returned to you un-rated. It is to your advantage to apply early.

This position has a SELECTIVE PLACEMENT FACTOR, which will serve as a screen-out element: *Applicants must submit a copy of their EMPLOYMENT DRIVING ABSTRACT** (obtained from the Dept. of Motor Vehicles or equivalent State agency) covering the past 3 years and dated within the last 3 months.* Candidates with a poor driving record*** and/or revocation of license will be immediately disqualified from consideration. Failure to submit your driving record will also be disqualifying.

****Please note that this is a change in the requirement for the type of driving abstract applicants are now required to submit. Applicants can request a copy of their Employment Driving Record from the Department of Motor Vehicles or equivalent State agency in the same manner as previously required. (However, you must specify that you are requesting an *Employment Driving Record*).**

*****Disqualifying driving records:** Within the past three years, any of the following conditions disqualify an applicant for a U.S. Government Motor Vehicle Authorization: A. Conviction for operating a motor vehicle under the influence of alcohol or a controlled substance. B. Conviction for leaving the scene of an accident without making his or her identity known. C. Suspended, revoked, or cancelled driver's license. D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests, which demonstrate that the driver does not have an adequate sense of responsibility. This may be shown by any of the following: Conviction for fleeing or attempting to elude a police officer; conviction for a felony involving the use of a motor vehicle; 2 or more accidents in which the driver was at fault; 2 or more excessive speeding violations (15 miles per hour or more over the posted speed limit.); or 4 or more moving violations.

Veteran's Preference: A 5-point preference is granted to veterans who entered military service prior to October 14, 1976, or who served in a military action for which they received a Campaign Badge or Expeditionary Medal, or who served on active duty during the Gulf War from August, 1990 through January 2, 1992 and who served continuously for a minimum of 24 months or for the full period for which called or ordered to active duty. You may be entitled to a 10-point veteran's preference if you are a disabled veteran or Purple Heart recipient or you are the widow, widower, or mother of a deceased veteran. You must submit a Standard Form 15 (SF-15) and documented proof of your claim.

CAREER TRANSITION ASSISTANCE PROGRAM (CTAP/ICTAP): Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to www.opm.gov or to <http://www.jobs.bpa.gov> You may also call the point of contact for this position for information and assistance.

NOTES:

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

In addition to the wage rate, BPA pays a supplement equal to 4.4% of the wage rate to permanent employees for each hour of straight-time wages that are paid.

If selected, applicant will be required to pass a physical examination.

As per DOE Order 3792.3 this position is subject to random drug testing. Tentative selectees will be tested for the use of illegal drugs prior to final selection. A determination of the use of illegal drugs may lead to nonselection (based on a failure to meet conditions of employment). The successful applicant(s) will be subject to future random, unannounced testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal Service.

If selected, you will be required to complete a Declaration for Federal Employment (OF 306, revised 1/01) to determine your suitability for Federal employment and to authorize a background investigation. You will be asked to sign and certify the accuracy of all information in your application. If you make any false statement in any part of your application, you may not be hired; or you may be fined, jailed, or fired after you begin work. The correct version of the OF-306 form is available at:

http://www.opm.gov/forms/pdf_fill/of0306.pdf

DUTIES AND RESPONSIBILITIES:

1. Performs construction and maintenance work (including hot line maintenance) on either wood pole or steel tower lines including excavations and footings, framing and erecting towers and poles, hanging insulators and hardware, and stringing, sagging, and clipping conductor. 2. Replaces or repairs damaged steel towers, wood poles, crossarms, and conductors; relocates towers and poles; inspects and treats wood poles; and replaces insulators. 3. Performs, or occasionally supervises, right-of-way maintenance work such as brush and weed control, cutting or topping danger trees, seeding cover crops for erosion control. 4. Repairs access roads and installs or repairs bridges, culverts, fences, and gates. 5. Maintains microwave towers, antennas, and airway lighting installations; performs maintenance tasks in substations, involving overhead line work and other tasks requiring the use of line maintenance equipment. 6. Patrols transmission lines and reports conditions of lines. 7. Takes clearances and occasionally performs switching at unattended substations and line sectionalizing disconnect switches. 8. Completes associated paperwork and completes reports required of the above listed tasks.

WORKING CONDITIONS:

The Lineman works outdoors in all kinds of weather conditions; and may work for long periods in cold, wet, or icy weather, and high winds. Work is often performed on steel or wood structures at considerable heights, and on or near energized conductors or equipment. The employee often works in awkward positions, supported only by a safety belt, or a safety belt and climbers. In other instances, the Lineman may work on precipitous slopes, and rugged or brushy terrain. When repairing conductors, the Lineman may ride in a trolley on the conductor, high above the ground. The Lineman may climb to considerable heights many times a day. The employee may walk long distances over rugged terrain and work in locations inaccessible to mobile equipment. The Lineman frequently uses hand tools, such as axes and hot sticks, or power tools such as chain saws, for extended periods of time. The work environment will occasionally include high noise levels and/or exposure to hazardous substances (i.e., solvents, PCB's, chemicals, etc.) that could, if precautions are not followed, pose a health risk. Approved respiratory and safety equipment shall be worn when hazardous substances are being handled. Emergencies, critical system conditions, or outage limitations may require that work be done at night and/or under time restraints. System priorities may require extended periods of overtime including working weekends.

PHYSICAL REQUIREMENTS:

Incumbents must be physically and mentally able to efficiently perform the essential duties of the position, with or without reasonable accommodation, without hazard to themselves or others.

ESSENTIAL FUNCTIONS: (Those duties encompassed in a job, which are indispensable and comprise the gist or substance of the job):

- Performs construction and maintenance work (including hot line maintenance) on either wood pole or steel tower lines including excavations and footings, framing and erecting towers and poles, hanging insulators and hardware, and stringing, sagging and clipping conductors.
- Replaces or repairs damaged steel towers, wood poles, crossarms, and conductors; relocates towers and poles; inspects and treats wood poles; and replaces insulators.
- Performs, or supervises, right-of-way maintenance work such as brush and weed control, cutting or topping dangerous trees, seeding cover crops for erosion control.
- Repairs access roads and installs or repairs bridges, culverts, fences and gates.
- Maintains microwave towers, antennas, and airway lighting installations; performs maintenance tasks in substations, involving overhead line work and other tasks requiring the use of line maintenance equipment.
- Patrols transmission lines and reports conditions of lines.
- Takes clearances and occasionally performs switching at unattended substations and line sectionalizing disconnect switches.
- Completes associated documentation required of the above listed tasks.
- Drives 25-30% of the time in all weather conditions.

PHYSICAL REQUIREMENTS Physical Requirement needed to perform essential functions NR=not required; Rarely = 1% or less; Occasionally = 1-33%; Frequently = 34–65%; Continually = 66–100%		
Climbing	Frequently	Able to climb poles (average 65 feet, maximum 110 feet) and towers (average 100 feet, maximum: 535 feet), in all weather conditions; may average 4-6 climbs per day (more when inspecting lines and during apprenticeship program). Must be able to climb wood pole structures with gaffs to do line maintenance work.
Balancing	Frequently	Requires good balance to climb and perform repair duties. Worker extends body out from poles to perform many repairs. Balancing required on narrow and slippery surfaces at heights and in varied weather conditions as well as on uneven and steep terrain.
Leg/Foot Use (in conjunction with standing, walking and climbing)	Continually	Operates trucks, heavy equipment, specialized line/utility equipment, and to climb poles/towers. Must be able to work from ladders and other aerial equipment.
Standing	Continually	Often stands for extended uninterrupted periods of time, on steep and uneven terrain, or while in hooks, ladders, buckets, or on poles and towers performing repairs.
Sitting	Occasionally	Drives vehicles to and from work sites; patrol lines; operate heavy and specialized line equipment. Average of 2 hours per day with a maximum of 5 hours.
Walking	Continually	May walk for extended periods and distances (over 1 mile) while accessing/patrolling sites over rough, steep and uneven terrain.
Lifting/Carrying	Frequently	Lifts tools and equipment. Average is 30-50 pounds. May occasionally lift in excess of 100 lbs., assistance generally available. May require ability to carry 50-100 pounds for distance occasionally over 1 mile. Occasionally lift at or above shoulder height.
Pushing/Pulling	Frequently	Pulls equipment and tools from ground to pole/tower utilizing hoists and rigging. Pulls wires and maneuvers loads in excess of 100 pounds.
Twisting/Bending/Stooping (knees, waist, neck, wrist)	Continually	Works frequently in awkward positions on equipment, towers, and poles.
Handling/Grasping	Continually	Ability to raise, lower, and maneuver wires while utilizing a pole 20 feet or more in length. <u>Specific handling/grasping measurements:</u> Pulls hoist lines with various loads weighing up to 80 lbs. from ground to pole or tower.
Reaching	Frequently	Extends arms in frequent overhead and frontal reaching to perform repairs, pull wires, and handle equipment/tools (utilizing poles up to 20 feet or more in length). Raises equipment, tools or materials (50-100 lbs.) overhead, occasionally may hold position for over 30 seconds up to 20 times per day.
Crouching	Occasionally	May crouch for extended periods while performing repairs, obtaining equipment.
Kneeling/Crawling	Occasionally	May require kneeling to obtain equipment and work in low spaces. Crawling rarely required.
Fingering/Feeling	Continually	Installs, maintains, overhauls, and repairs power line structures and equipment.
Other Physical Requirements	Continually	Requires agility and ability to work in awkward positions while at heights and encumbered by equipment, tools and materials.
USE OF SENSES		
Talking	Continually	Able to communicate with co-workers and to provide clear, accurate communication.
Hearing	Continually	To receive directions from co-workers, listen for telephone. Ability to hear warning devices and abnormal noises.
Vision	Continually	To safely operate equipment and use tools while performing repairs. Requires good spatial ability/depth perception, night vision, and sufficient color discrimination for fiber optic repair/splicing. Distant visual acuity of at least 20/40 or better in each eye to meet DOT regulations.
Smell	Occasionally	Able to detect various gases, fuels, exhausts, etc. Gas detectors are available.
MENTAL REQUIREMENTS		
Requires ability to perform effectively under stress for extended periods of time in hazardous situations; interact/communicate with others; comprehend and follow directions; work both independently and as a team member; make		

decisions and judgments; maintain flexibility in performing a variety of tasks, pay attention to detail, follow safety rules; operate vehicles and equipment safely; basic computer skills.

ENVIRONMENTAL

Requires ability to work outside in high exposed places with constant exposure to all weather conditions including high winds; occasional inside work required while obtaining, storing, or cleaning equipment, tools, and materials. Frequent exposure to hazards typical of working around high voltage equipment and machinery with moving parts. Potential exposure to loud noises. May at times work with various chemicals including solvents, herbicides, paints, etc. MSDS are available. Required to wear various levels of PPE (hearing protection, respiratory protection, hard hats, safety glasses; if required, safety toed boots, chaps, leather and insulated rubber gloves).

SPECIAL EQUIPMENT

Uses various equipment such as cars, trucks, boats, heavy equipment, specialized line/utility equipment, forklifts, ATV's, a variety of power and hand tools, two-way radios, herbicide applicators, and explosives. Uses office equipment such as computers, telephones, copy and fax machines. May ride in helicopters for inspections.

CONDITIONS OF EMPLOYMENT:

Persons filling Lineman positions will be required to meet some or all of the following conditions:

1. Establish a residence in accordance with negotiated requirements that is within one hour or less commuting time under normal weather and road conditions, to the duty station headquarters.
2. Extended periods of travel may be required.
3. If exposed to health hazards, have periodic physical examinations as prescribed by competent medical authority at BPA expense. (Employees will work in close proximity to substances such as solvents, PCB's, chemicals, etc., which may have effects on health unless prescribed handling procedures are followed.)
4. Become familiar with and follow the safety practices of the BPA Accident Prevention Manual.
5. Possess valid First Aid Card, CPR Card, and an electrical worker's permit or obtain within 30 days after appointment.
6. Possess valid commercial driver's license (CDL) with all endorsements that are required to operate TLM equipment from state of residence. Traffic citations indicating poor driving habits may disqualify applicants.
7. Subject to call for emergency work at any time.
8. Obtain certification on the equipment associated with line maintenance if assigned to use or operate.
9. Operate motor vehicles normally used in line maintenance and construction.
10. Obtain certification as a flag person.
11. As part of the job requirements, the Lineman shall be required to apply restricted use pesticides, and, at the discretion of the Regional Manager, may be required to obtain a pesticide applicators' permit. The Administration shall provide the necessary training for such a permit.
12. Become certified to take a clearance within 30 days after reporting for duty.
13. Occasionally, fly in helicopter or fixed wing aircraft in the performance of assigned duties.

QUALIFICATION REQUIREMENTS: Applicants must have had progressively responsible experience and training sufficient in scope and quality to successfully perform the duties of the position without more than normal supervision. Applicants will be evaluated on the basis of experience, education, and training on the following elements. Applicants should submit the Supplemental Questionnaire for the Lineman, BB-2810, that addresses the following **KSA's**. Experience/training shown in your supplemental questionnaire must be reflected in your application.

1. ABILITY TO PERFORM THE WORK OF A LINEMAN WITHOUT MORE THAN NORMAL SUPERVISION. (SCREEN-OUT ELEMENT: Failure to meet this requirement will result in an ineligible rating.)

2. Knowledge of electrical equipment related to line work.
3. Knowledge of technical theory.
4. Ability to install, maintain, overhaul, and repair power line structures and equipment.
5. Ability to work from blueprints, schematics and diagrams.
6. Ability to use hand tools and operate line maintenance equipment.
7. Ability to locate line faults and troubleshoot.
8. Dexterity and safety.

BASIS OF RATING: No written test is required. Ratings will be based on an evaluation of the quality and extent of experience, education and training in relation to the KSA's identified on the Supplemental Questionnaire for Lineman, BB-2810. **YOU ARE REQUIRED TO SUBMIT THE ATTACHED SUPPLEMENTAL QUESTIONNAIRE FOR LINEMAN, BB-2810. Failure to submit the supplemental for this position may negatively affect your eligibility and/or rating.**

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

- Your resume, or other application, that fully describes your education and experience. (Note a copy of the optional application Form (OF-612) is attached).
- Supplemental Questionnaire for the Lineman, BB-2810.
- **Employment Driving record abstract (dated within the last three months and covering the past three (3) years).**
- Member 4 copy of Military Discharge Papers, DD-214 (if applicable)
- SF-15, Application for 10-point Veteran Preference with proof of your claim (including letter of compensable disability dated within the last 12 months), if applicable

- OF-306 (revised 1/01), Declaration for Federal Employment (attached).
- All applicants are encouraged to complete and submit DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (attached or may be accessed at: <http://www.directives.doe.gov/pdfs/forms/1600-7.pdf>).

APPLICATION INFORMATION:

There is no specific required application form, however, there is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612 – (attached), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- Applicants will not be contacted for missing information.

REQUIRED INFORMATION ON RESUME*:

1. Announcement number, title, and grade of the position for which you are applying.
2. Your full name, mailing address, and day and evening telephone number.
3. Your e-mail address (please provide if available – failure to provide will not effect the processing of your application.)
4. Your Social Security Number.
5. Country of citizenship.
6. High school attended which includes name of high school, location (city/state), and date of diploma or GED.
7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title ((**YOU MUST INCLUDE SERIES AND GRADE IF FEDERAL JOB**), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (**including month and year**), salary, hours worked per week, salary).
8. Indicate if we may contact your current supervisor.
9. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.

****Please note that if your resume or application does not provide all the information requested in the vacancy announcement, you may lose consideration.**

Forms Availability: All application materials may be obtained from all Bonneville Power Administration Human Resources offices 25401 NE Minnehaha Street, Construction Services Building, Vancouver, WA; or 905 NE 11th Avenue, Portland, OR, or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our internal website, or our external website at <http://www.jobs.bpa.gov/>

If you have questions, you may call the Employment Center, 360-418-2090 or 503-230-3055.

Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

If **mailing** your application, please send to the following address: Bonneville Power Administration, ATTN: Personnel Services – CHP/CSB-2, PO Box 491, Vancouver, WA 98666, (street address): 2401 NE Minnehaha Street, Vancouver, WA 98663

If applications are delivered in person, they can be delivered to the address above **OR** to: Bonneville Power Administration, Personnel Services, 905 NE 11th Avenue, Portland, OR 97232.

RECEIPT OF APPLICATION:

Your complete application must be received no later than 12 midnight Pacific Daylight Time (PDT) of the closing date to be accepted. Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight PDT.

Applicants will be notified of receipt of their application package.

You can check the status of the vacancy announcement after the closing date by visiting our website at <http://jobs.bpa.gov/>. Click on Closed Vacancy Status (please note that this tracks the status of the recruitment, not the status of individual applicants).

Fax Applications:

Faxed applications should be sent to 360-418-2063. Applicants are responsible for ensuring that application materials transmit successfully.

Email Applications:

Applications should be sent as email attachments to: jobs@bpa.gov. The announcement number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

The Bonneville Power Administration is a harassment free workplace.

www.va.gov	http://www.jobs.bpa.gov/	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans	Bonneville Power	Office of Personnel	Office of Personnel Management
Administration	Administration	Management Jobs	

LINEMAN, BB-2810
SUPPLEMENTAL QUESTIONNAIRE

NAME: _____ SSN: _____ BIRTH DATE: _____

Element 1: Ability to perform the work of a journeyman lineman without more than normal supervision.

Experience: Have you had any experience on: *Transmission Maintenance or Construction* Y / N
Distribution Maintenance or Construction Y / N

Transmission Experience at 69kV and above _____ YRS _____ MO

Distribution Experience below 69kV _____ YRS _____ MO

Do you currently possess a Commerical Drivers Lincense (CDL)? Y / N

Element 2: Knowledge of electrical equipment related to line work.

Check which types of equipment you have practical work experience (do not include training experience):

<input type="checkbox"/>	wood structure	<input type="checkbox"/>	tower steel	<input type="checkbox"/>	insulators
<input type="checkbox"/>	sectionalizing switches	<input type="checkbox"/>	ground mats	<input type="checkbox"/>	airway marking
<input type="checkbox"/>	airway lighting	<input type="checkbox"/>	crossarms	<input type="checkbox"/>	spacers
<input type="checkbox"/>	guys and anchors	<input type="checkbox"/>	cutouts	<input type="checkbox"/>	conductors
<input type="checkbox"/>	lightning arrestors	<input type="checkbox"/>	transformers	<input type="checkbox"/>	substation bus
<input type="checkbox"/>	substation equipment	<input type="checkbox"/>		<input type="checkbox"/>	

Element 3: Knowledge of technical theory.

Education: Years of college _____ Degree or certificate _____ Technical school -months _____

Training: Apprenticeship program (craft/trade): _____ Sponsored by? _____ Completed? _____

Date of completion _____ Length of program _____

Element 4: Ability to install, maintain, overhaul, and repair powerline structures and equipment.

For each of the duties below, indicate the highest 3 voltage(s) at which you have worked:

VOLTAGES

VOLTAGES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbed a wood pole structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbed a steel tower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	framed a wood pole structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	set a wood pole
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed guy wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strung conductor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sagged conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clipped or tied in a structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	replaced insulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed grounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	replaced a crossarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taken a clearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	applied a conductor armor rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	applied a compression conductor fitting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed vibration dampers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	erected a steel tower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	assembled a steel tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maintained airway lighting and markers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed conductor repair rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maintained a sectionalizing switch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spliced conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strung fiber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spliced fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rigged steel suspension towers and steel deadend towers for lowering and raising conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rode in an aerial cart/ladder/bosun chair, etc. on the conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Element 5: Ability to work from blueprints, schematics and diagrams.

Check the items that you have worked with:

<input type="checkbox"/>	Manufacturers' instruction books	<input type="checkbox"/>	Electrical wiring	<input type="checkbox"/>	Drawings/schematics
<input type="checkbox"/>	Blueprints/structural erection drawings	<input type="checkbox"/>	Plans and profiles	<input type="checkbox"/>	Reference manuals
<input type="checkbox"/>	Operations & Maintenance Bulletins	<input type="checkbox"/>	Circuit drawings	<input type="checkbox"/>	

Element 6: Ability to use hand tools and operate line maintenance equipment.Check all those you have used in performing **line work**.

<input type="checkbox"/>	swivels	<input type="checkbox"/>	chain hoist	<input type="checkbox"/>	slings/choker
<input type="checkbox"/>	rigging blocks	<input type="checkbox"/>	stringing blocks/traveler	<input type="checkbox"/>	shackles
<input type="checkbox"/>	cant hook/peavy	<input type="checkbox"/>	plumb bob	<input type="checkbox"/>	linemans pliers
<input type="checkbox"/>	cable cutters	<input type="checkbox"/>	bolt cutters	<input type="checkbox"/>	digging spoon
<input type="checkbox"/>	digging spade	<input type="checkbox"/>	digging bar	<input type="checkbox"/>	volt amp meters
<input type="checkbox"/>	megger meters	<input type="checkbox"/>	chain saw	<input type="checkbox"/>	portable generators
<input type="checkbox"/>	air compressors	<input type="checkbox"/>	jack hammers	<input type="checkbox"/>	air & hydraulic tamps
<input type="checkbox"/>	eye level	<input type="checkbox"/>	reel stand	<input type="checkbox"/>	torque wrench
<input type="checkbox"/>	drift pin	<input type="checkbox"/>	spud wrench	<input type="checkbox"/>	hot stick tester
<input type="checkbox"/>	brush chipper	<input type="checkbox"/>	hydraulic press	<input type="checkbox"/>	power take up reel
<input type="checkbox"/>	bucket truck	<input type="checkbox"/>	auger/digger	<input type="checkbox"/>	pruners
<input type="checkbox"/>	nico press	<input type="checkbox"/>	lineman's belt & climbers	<input type="checkbox"/>	hand lines
<input type="checkbox"/>	power capstans	<input type="checkbox"/>	winches	<input type="checkbox"/>	transit
<input type="checkbox"/>	line truck	<input type="checkbox"/>	backhoe	<input type="checkbox"/>	crawler tractor
<input type="checkbox"/>	all-terrain vehicle	<input type="checkbox"/>	pole trailer	<input type="checkbox"/>	wrap on barriers
<input type="checkbox"/>	wire puller	<input type="checkbox"/>	tensioner	<input type="checkbox"/>	hot sticks
<input type="checkbox"/>	rubber cover-ups	<input type="checkbox"/>	arc welder	<input type="checkbox"/>	cadweld
<input type="checkbox"/>	acetylene welding & cutting	<input type="checkbox"/>	power metal cutting saw	<input type="checkbox"/>	hydraulic/mechanical bender
<input type="checkbox"/>	hydraulic/mechanical punches	<input type="checkbox"/>		<input type="checkbox"/>	

Element 7: Ability to locate line faults and troubleshoot.

Check the areas you have experience in troubleshooting:

Ground Patrol _____ Sectionalizing _____ Aerial Patrols _____

Element 8: Dexterity and safety.

Check all that apply:

<input type="checkbox"/>	Formal first aid training course within last 3 years	<input type="checkbox"/>	CPR training within last 2 years
<input type="checkbox"/>	Clearance and tagging procedure on electrical equipment	<input type="checkbox"/>	Hazardous materials training
<input type="checkbox"/>	Clearance, safety or lockout procedures	<input type="checkbox"/>	Pole top rescue techniques
<input type="checkbox"/>	Installed portable protective grounds	<input type="checkbox"/>	
<input type="checkbox"/>	Installed electrical protective guards or barriers	<input type="checkbox"/>	
<input type="checkbox"/>	Worked from hook ladder, bosun chair, spacer, and/or manlift equipment	<input type="checkbox"/>	

List other safety training: _____

Are you willing to work on per diem for extended periods? _____ Yes _____ No

12/01

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, SW, Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

SECTION A. DISABILITY STATUS

☐☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

- 05. I do not have a disability
- 16. Total deafness in both ears, with or without understandable speech.
- 23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
- 25. Blind in both eyes (no usable vision, may have some light perception).
- 28. Missing one arm or one leg.
- 33. Missing hands or both arms or both feet or both legs.
- 35. Missing one hand or arm and one foot or leg.
- 64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
- 65. Partial paralysis of both legs, any part, or both arms, any part.
- 67. Partial paralysis of one side of the body, including one arm and one leg.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

68. Partial paralysis of three or more major parts of the body (arms and legs)
71. Complete paralysis of both hands or both arms or both legs.
72. Complete paralysis of one arm or one leg.
76. Complete paralysis of lower half of body, including legs.
77. Complete paralysis of one side of body, including one arm and one leg.
78. Complete paralysis of three or more major parts (of body) (arms and legs).
82. Convulsive disorder (e.g. epilepsy).
90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
91. Mental or emotional illness (a history of treatment for mental or emotional problems).
92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins. |
| F. Other | <input type="checkbox"/> | A person not included in the above categories. |

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- ☐ Internet web-site ☐ Newspaper Ad ☐ Trade Journal ☐ Other (Please indicate)

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

FORM APPROVED
OMB No. 3206-0219
Electronic Form Approved by CGIR
03/31/98 (VB)

You may apply for most jobs with a resume, this form, or other written format. If your resume or application **does not provide** all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4. Last name	First and middle names		5. Social Security Number
6. Mailing address			7. Phone numbers (include area code)
City			Daytime
State			Evening
ZIP Code			

WORK EXPERIENCE

8. Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job **descriptions**.

A) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number

Describe your duties and accomplishments

B) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number

Describe your duties and accomplishments

9. May we contact your current supervisor?

YES ☐ NO ☐ ➔ If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10. Mark highest level completed. Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

11. Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12. Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

A) Name	Total Credits Earned		Major(s)	Degree (if any)	Year Received
	Semester	Quarter			
<div>City</div> <div>State</div> <div>ZIP Code</div>					
<div>B) Name</div> <div>City</div> <div>State</div> <div>ZIP Code</div>					
<div>C) Name</div> <div>City</div> <div>State</div> <div>ZIP Code</div>					

OTHER QUALIFICATIONS

13. **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

GENERAL

14. Are you a U.S. citizen? YES ☐ NO ☐ → Give the country of your citizenship.
15. Do you claim veterans' preference? NO ☐ YES ☐ → Mark your claim of 5 or 10 points below.
- 5 points ☐ → Attach your DD 214 or other proof. 10 points ☐ → Attach an Application for 10-Point Veterans' Preference (SF15) and proof required.
- | Series | Grade | From (MM/YY) | To (MM/YY) |
|---|-------|--------------|------------|
| 16. Were you ever a Federal civilian employee?
NO <input type="checkbox"/> YES <input type="checkbox"/> → For highest civilian grade give: | | | |
17. Are you eligible for reinstatement based on career or career-conditional Federal status?
NO ☐ YES ☐ → If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

SIGNATURE**DATE SIGNED**

Page 3 *

GENERAL INFORMATION

- You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.
- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at **FJOB.MAIL.OPM.GOV**.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER**PRIVACY ACT AND PUBLIC BURDEN STATEMENTS**

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulations; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit System Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and receiving the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

Declaration for Federal Employment

GENERAL INFORMATION 1. FULL NAME <i>(First, middle, last)</i>	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH <i>(Include City and State or Country)</i>	4. DATE OF BIRTH <i>(MM/DD/YY)</i>
5. OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc.)</i>	6. PHONE NUMBERS <i>(Include Area Codes)</i> DAY NIGHT

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31? ☐ YES ☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service? ☐ YES ☐ NO *If "NO" go to 7c.*
- 7c. If "NO", describe your reason(s) in iter

MILITARY SERVICE

8. Have you served in the United States Military? ☐ YES *Provide info* ☐ NO

If you answered "YES", list the branch, dates, and type of discharge for all active duty.
 If your only active duty was training in the Reserves or National Guard, answer "NO".

BRANCH	FROM MM/DD/YYYY	TO MM/DD/YYYY	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred form Federal employment by the Office of Personnel Management? <i>If "YES", use item 16 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES", use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for Federal Employment**Electronic Form Approved**

by CILR 07/24/02

ADDITIONAL QUESTIONS

14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halfsister.) *If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.*

YES☐**NO**☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

YES☐**NO**☐**CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS**

16. Provide details requested items 7 through 15 and 18c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, read item 17, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:

(Sign in ink)

17b. Appointee's Signature:

(Sign in ink)

Date

APPOINTING OFFICER:Enter Date of Appointment or Conversion
MM/DD/YYYY

18. **Appointee (Only Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?

MM / DD / YYYY

DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or

YES**NO****DO NOT KNOW**

any type of optional life insurance?

☐☐☐

18c. If you answered "Yes" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "No", use item 16 to identify the type(s) of insurance for which waivers which were not cancelled.

YES

NO

DO NOT KNOW

☐☐☐

U.S. Office of Personnel Management

NSN 7540-01-368-7775

Optional Form 306
Revised January 2001
Previous editions obsolete and unusable
FILE CODE: PE-20-12
RETENTION: CHR/CF = 2 YRS; OTHERS = A

**GEOGRAPHIC AVAILABILITY FORM
LINEMAN**

NAME	DATE:
SOCIAL SECURITY #:	

NOTICE TO APPLICANTS: You are being asked to indicate your geographic preference for placement. This is only an indicator of preference; final duty station will be determined by management.

OREGON

_____ GOSHEN
_____ NORTH BEND
_____ REDMOND
_____ SALEM
_____ THE DALLES

WASHINGTON

_____ CHEHALIS
_____ ELLENSBURG
_____ GRAND COULEE
_____ KENT
_____ OLYMPIA
_____ PASCO
_____ SNOHOMISH
_____ SPOKANE
_____ VANCOUVER

IDAHO

_____ IDAHO FALLS

MONTANA

_____ KALISPELL